

NSAID/COX II INHIBITORS REQUEST

MAA Medical Assistance
Administration

Pharmacist, please complete and submit this form with your authorization request to ACS by fax at 1-866-446-3365. Diagnostic information may be obtained from the prescriber, client, client's caregiver or family member. Without this information the request may be denied.

DATE OF REQUEST	
PHARMACY NABP NUMBER	PHARMACY TELEPHONE NUMBER
PHARMACY FAX NUMBER	
PRESCRIBER NAME	PRESCRIBER TELEPHONE NUMBER
PRESCRIBER FAX NUMBER	
PRESCRIBER DEA NUMBER	PATIENT
PIC NUMBER	
DRUG NAME/SIG	

1. What is the diagnosis?

2. What is expected duration of therapy?

	Yes	No
3. If Celebrex:		
Sulfa allergy?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does this patient have a history of GI bleeding/ulcer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes:		
a) Is GI status stable/ulcer healed?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is patient H. Pylori negative or has patient been treated for H. Pylori?	<input type="checkbox"/>	<input type="checkbox"/>
c) Is patient on a Proton Pump Inhibitor (PPI)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list name and dosage/sig:		

5. Does this patient have a history of cardiovascular disease? ☐ Yes ☐ No

6. What two generic NSAIDs have already been tried?
Reason(s) failed:

	Osteoarthritis	Rheumatoid Arthritis	Acute Pain	Dysmenorrhea	Colorectal Polyps
Celebrex (celecoxib)	200 mg/day max	400 mg/day max	600 mg day 1, then 400 mg/day max for 30 days max	600 mg day 1, then 400 mg/day max for up to 7 days max	800 mg/day max

WASHINGTON STATE MEDICAID has implemented a program to decrease hospitalizations from GI bleeds associated with NSAID and COX-2 Inhibitor use. Medicaid has placed the entire therapeutic class of NSAIDs and COX-2 Inhibitors on Expedited Prior Authorization. In addition, a patient must try and fail at least 2 generic NSAIDS before a COX-2 Inhibitor or a brand name NSAID will be authorized.